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703-872-9306	19			
Re:	Our Reference No.:			
Serial No. 10/628,567	005127.00121			
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Amendment (15 pages)
Three Month Petition for Extension of Time (1 page)
Fee Transmittal (1 page)

Serial No. 10/628,567 Attorney Docket No. 005127,00121

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PTC/SB/17 (12-04v2)
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Effective on 12/03/2004. Feet purevant to the Consolidated Appropriations Act, 2005 (H.R. 4518).		L	Complete If Known						
FEE TRANSMITTAL for FY 2005		Ар	plication Number	10/628,5	67				
		Fill	ng Date	7/29/04					
			et Named Inventor	John F. S	Swigart, et al.				
Applicant claims small entity status. See \$7 CFR 1.27		E.v.	eminer Name	M. Patter	sou				
TOTAL AMOUNT OF PAYMENT		(\$) 1,220,00		Unit	9728				
	******	(1)	Alt	omey Docket No.	005127.0	0121			
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account	Deposit Accoun	nt Number: 19-0733		Deposit Account	Name: Bau	nner & Witco	off, LTD.		
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⊠ Chan	ge fee(s) lindicati	ed below		Charge	fee(a) Indicat	ed below, excep	t for the filing fee		
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Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and surborization on PTO-2038.									
FEE CALCULATIO	N		-		*** * ***				
1. BASIC FILING,	SEARCH, AN	D EXAMINATION FE	E8		***				
	FILING		SEARCH	———	EXAMIN	ATION FEES			
Application Typ	e Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	LAND LAIG (9)		
Design	200	100	100	50	130	65			
Plant	200	100 .	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	I FEES		•	•	•	~	Small Entity		
Fee Description				-		Fee (\$)	Fee (\$)		
Each claim over 20	(including Reis	ssues)				50	25		
Each independent	claim over 3 (in	cluding Reissues)				200	100	•	
Multiple dependen						360	180	- 1	
Total Claime	Extra C	Halms <u>Fee(\$)</u>	. Fee	Paid (\$)		Multiple	Dependent Claims	B	
$48 - 53 \text{ or HP} = 0 \times 50 = 0$					Fee (5)	Fee Paid (\$	<u> </u>		
		aid for, If greater than 20.					Ω	_	
Indep. Claims	Extra C			Paid (\$)					
<u>6</u> - 5 or l HP = highest numb		X <u>200</u> Maima paid for, If greater th	= <u>200</u> 1811 St.	2					
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entire) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x							·		
100 = /50 = (round up to a whole number) x 4. OTHER FEE(\$)							Ease Bald (0)		
Non-English Specification, \$130 fee (no small entity discount)						Foos Paid (\$)	ŀ		
Other (e.g., late filing surcharge): Three month petition for extension of time									
SUBMITTED BY									
Stgmalum .	Dg- 9.	16		Registration No. (Attorney/Agent)	51,255	Telephone	503-425-6800		
Name (Print/Type)	Byron S. Ku	zafa				Deta	6/6/05		

This cofaction of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the pushe which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is settinated to take 50 minutes to complete, including patheting, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the included case. Any comments on the emount of time you require to complete this form endor supposed one for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Depending of Commences, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND REES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22315-1450.

PTO/88/22 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE cond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no parsens are required to re Docket Number (Optional) RECEIVED PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.13B(a) CENTRAL FAX CENTER FY 2005 005127.00121 (fees effective on or after December 8, 2004) NUL 6 2005 7/29/04 Filed Application Number 10/828,587 Article of Footwear incorporating an inflatable Chamber M. Patterson Examiner **Art Unit** This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period dealed and enter the appropriate fee below): Small Entity Fee Fee \$60 \$120 One month (37 CFR 1.17(a)(1)) \$225 \$450 Two months (37 CFR 1.17(a)(2)) \$510 \$1020 \$1020 ☑ Three months (37 CFR 1.17(a)(3)) \$795 Four months (37 CFR 1.17(a)(4)) \$1590 \$2160 \$1080 Five months (37 CFR 1.17(a)(5)) 10 28567 06/07/2005 STEUMEL1 00000053 190733 Applicant claims small entity status. See 37 CFR 1.27 1020.00 DA 01 FC:1253 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any \boxtimes overpayment, to Deposit Account Number 19-0733. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2096. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number <u>51,255</u> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 6/6/05 503-425-6800 Byron S. Kuzara Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. ☐ Total of

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